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Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application or Docket Number YENT APPLICATION FEE DETERMINATION RECORD 09/248,515 OTHER THAN **CLAIMS AS FILED - PART I** SMALL ENTITY OR SMALL ENTITY (Column 2) (Column 1) **FOR** NUMBER FILED **NUMBER EXTRA RATE RATE FEE** FEE BASIC FEE **\$** 380 OR (37 CFR 1.16(a)) TOTAL CLAIMS 20 0 minus 20 = x \$ 9 0 OR (37 CFR 1.16(c)) INDEPENDENT CLAIMS minus 3 = OR 3 0 0 (37 CFR 1.16(b)) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) 0 OR **TOTAL** 380 OR **TOTAL** * If the difference in column 1 is less then zero, enter "0" in column 2 OTHER THAN CLAIMS AS AMENDED - PART II OR SMALL ENTITY **SMALL ENTITY** (Column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING **PRESENT** NUMBER **RATE** TIONAL RATE TIONAL **AMENDMENT AFTER** PREVIOUSLY **EXTRA** FEE **FEE** AMENDMENT PAID FOR OR Total Minus = 28 20 8 72 x \$<u>9</u> (37 CFR 1.16(c)) OR Independent Minus 40 = 0 3 3 0 (37 CFR 1.16(b)) OR 135 135 FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL 207 OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) **CLAIMS HIGHEST** ADDI-ADDI- \mathbf{m} REMAINING NUMBER PRESENT **RATE** TIONAL RATE TIONAL **AMENDMENT AFTER** PREVIOUSLY **EXTRA** FEE FEE AMENDMENT PAID FOR OR Total Minus (37 CFR 1.16(c)) OR Independent Minus OR (37 CFR 1.16(b)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING NUMBER **PRESENT** RATE TIONAL RATE TIONAL **AMENDMENT AFTER** PREVIOUSLY **EXTRA** FEE FEE AMENDMENT PAID FOR \overline{c} OR Total (37 CFR 1.16(c)) Minus x S ω OR Independent *** Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ADDIT, REE ADDIT. FEE

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".